

PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u>

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PU	BLICATION FEE (if required).	Blocks 1 through 5 should	be completed where
appropriate. All further correspondence including the Patent, advance orders and notific	ation of maintenance fees will be	mailed to the current corre	spondence address as
indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a n	ew correspondence address; and/o	r (b) indicating a separate "	FEE ADDRESS" for
maintenance fee notifications.			
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)	Notes A partificate of mailir	an ann antu ha usad for don	nactia mailines of the

22885 75	. 50309-2721		1 2005	nave its own certificat	rtificate of Mailing or Transhis Fee(s) Transmittal is bein with sufficient postage for find Stop ISSUE FEE address PTO (703) 746-4000, on the	or domestic mailings of the for any other accompanying ent or formal drawing, must smission g deposited with the United states mail in an envelope above, or being facsimile date indicated below. (Depositor's name)
C:2501	700.00 OP	21/25	2152	Jane 1	Vagnes	(Signature)
APPLICATION NO.	FILING DATE	FIR	ST NAMED INVE	ENTOR ATTORNEY DOCKET NO. CO		CONFIRMATION NO.
10/684,780	10/14/2003	,	Steven M. Thon	homas P06377US00		4224
nonprovisional EXAM	YES .	\$700 ART UNIT		\$0 CLASS-SUBCLASS	\$700	03/28/2005
	STEPHEN D	3636		297-158300	J	
	e address or indication of "Fo	ee Address" (37	2. For printing o	on the patent front page, l	ist Backgroup 100	
Change of correspondence FR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	dence address (or Change of 22) attached. tion (or "Fee Address" Indica or more recent) attached. Use	Correspondence dition form e of a Customer	(2) the name of registered attorn 2 registered pate listed, no name v	a single firm (having as sey or agent) and the nan ent attorneys or agents. If will be printed.	a member a UES MUIN	ORHEES & SEASE, F and Ave., Suite 3200 IES, IOWA 50309-27
Change of correspondence FR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AND	dence address (or Change of 22) attached. tion (or "Fee Address" Indica or more recent) attached. Use	Correspondence dition form e of a Customer E PRINTED ON THE	(2) the name of registered attorn 2 registered pate listed, no name very part of the principal of the princi	a single firm (having as they or agent) and the nar ent attorneys or agents. If will be printed.	a member a des moin nes of up to fino name is 3	ORHEES & SEASE, F and Ave., Suite 3200 IES, IOWA 50309-27.
Change of correspondence FR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AND	dence address (or Change of 22) attached. tion (or "Fee Address" Indicator more recent) attached. Use the control of the cont	Correspondence ation form of a Customer E PRINTED ON THE clow, no assignee data of this form is NOT a	(2) the name of registered attorn 2 registered pate listed, no name very EPATENT (prin a will appear on substitute for file	a single firm (having as they or agent) and the nar ent attorneys or agents. If will be printed.	a member a consistency of the co	IES, IOWA 50309-27
Change of correspondence (FR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	dence address (or Change of 22) attached. tion (or "Fee Address" Indicator more recent) attached. Use the control of the cont	Correspondence ation form of a Customer E PRINTED ON THE clow, no assignee data of this form is NOT a	(2) the name of registered attorn 2 registered pate listed, no name variety as will appear on substitute for file.	a single firm (having as sey or agent) and the nar nat attorneys or agents. If will be printed. It or type) In the patent. If an assiging an assignment.	a member a consistency of the co	IES, IOWA 50309-27
Change of correspondence FR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN R. J. THOMAS	dence address (or Change of 22) attached. tion (or "Fee Address" Indica or more recent) attached. Use the control of the cont	Correspondence ation form of a Customer E PRINTED ON THE clow, no assignee data of this form is NOT a (B) R	(2) the name of registered attorn 2 registered attorn 2 registered pate listed, no name variety of the PATENT (prin a will appear on substitute for fill ESIDENCE: (C)	a single firm (having as sey or agent) and the nar ent attorneys or agents. If will be printed. It or type) In the patent. If an assiging an assignment. ITY and STATE OR COOKEE, IOWA	a member a consistency of the co	document has been filed for
Change of correspondence of FR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN R. J. THOMAS lease check the appropriate a. The following fee(s) are	dence address (or Change of 22) attached. tion (or "Fee Address" Indica or more recent) attached. Use the control of the cont	Correspondence ation form of a Customer E PRINTED ON THE clow, no assignee data of this form is NOT a (B) R ries (will not be printe	(2) the name of registered attorn 2 registered pate listed, no name of the patent of t	a single firm (having as every or agent) and the nare event attorneys or agents. If will be printed. In the patent. If an assiging an assignment. ITY and STATE OR COOOKEE, IOWA : Individual Cook	a member a a membe	document has been filed for
Change of correspondence of FR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN R. J. THOMAS lease check the appropriate a. The following fee(s) are	dence address (or Change of 22) attached. tion (or "Fee Address" Indicator more recent) attached. Use the control of the cont	Correspondence ation form of a Customer E PRINTED ON THE clow, no assignee data of this form is NOT a (B) R ries (will not be printe	(2) the name of registered attorn 2 registered pate listed, no name of the control of the contro	a single firm (having as sey or agent) and the narent attorneys or agents. If will be printed. It or type) In the patent. If an assiging an assignment. ITY and STATE OR COOOKEE, IOWA : Individual COOKEE, IOWA	a member a a composition of the	document has been filed for
Change of correspondence of FR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN R. J. THOMAS lease check the appropriate a. The following fee(s) are	dence address (or Change of 22) attached. tion (or "Fee Address" Indict or more recent) attached. Use of the control of the c	Correspondence ation form of a Customer E PRINTED ON THE clow, no assignee data of this form is NOT a (B) R ries (will not be printe 4b. Pr	(2) the name of registered attorn 2 registered pate listed, no name of the control of the contro	a single firm (having as yor agent) and the nare the attorneys or agents. If will be printed. It or type) In the patent. If an assiging an assignment. ITY and STATE OR COOOKEE, IOWA Individual Cookers Individual Cookers Individual Cookers It is ended to the fee(s) is ended to ard. Form PTO-203 is hereby authorized by or agent and the name of the fee of the same of the same of the fee of the same of t	a member a m	document has been filed for
Change of correspondence FR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN R. J. THOMAS lease check the appropriate a. The following fee(s) are Issue Fee Publication Fee (No s Advance Order - # o	dence address (or Change of 22) attached. tion (or "Fee Address" Indict or more recent) attached. Use of the control of the c	Correspondence ation form of a Customer E PRINTED ON THE clow, no assignee data of this form is NOT a (B) R ries (will not be printe 4b. Pr add)	(2) the name of registered attorn 2 registered pate listed, no name of the control of the contro	a single firm (having as yor agent) and the nare the attorneys or agents. If will be printed. It or type) In the patent. If an assiging an assignment. ITY and STATE OR COOOKEE, IOWA Individual Cooker in the fee(s) is ended to an amount of the fee(s) is ended to ard. Form PTO-203 is hereby authorized by consumber 260-00	a member a m	document has been filed for roup entity Government for credit any overpayment, to copy of this form).

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

EDMUND

Authorized Signature

Typed or printed name

<u> 24.741</u>

Registration No.